



MECEVAC czech



MINISTRY OF THE INTERIOR
OF THE CZECH REPUBLIC

2019

Permanent medical humanitarian programme of the Czech Republic

The aim of the government program is to provide healthcare for the vulnerable part of the population in source or transit migration countries. The programme has a fixed budget of CZK 60 million (EUR 2.4 mil) and is coordinated by the Ministry of the Interior.

Programme aims implemented via four activities:

- + Deployment of Czech medical teams abroad
- + Specialist internships and trainings for foreign medical staff
- + Support for projects to reinforce health infrastructure
- + Medical humanitarian evacuations for treatment in the Czech Republic

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EUR 1 = CZK 25

TIMELINE OF PROGRAMME ACTIVITIES

Czech medical teams deployed on missions abroad
 Projects to reinforce health infrastructure
 Training session for foreign medical staff
 Reconnaissance mission

2019

<p>JORDAN Bulovka Hospital orthopaedics 30. 1. - 8. 2. 2019</p> <p>UKRAINE General University Hospital physiotherapy 4. 2. - 7. 2. 2019</p> <p>LEBANON General University Hospital ophthalmology 26. 2. - 1. 3. 2019</p> <p>LEBANON General University Hospital ophthalmology 18. 3. - 29. 3. 2019</p> <p>ETHIOPIA Hradec Králové University Hospital Military University Hospital technicians 18. 3. - 23. 3. 2019</p> <p>SENEGAL General University Hospital traumatology 26. 3. - 7. 4. 2019</p> <p>JORDAN Military University Hospital ophthalmology 28. 3. - 7. 4. 2019</p>	<p>JORDAN Motol University Hospital paediatric heart surgery 1. 4. - 9. 4. 2019</p> <p>JORDAN Olomouc University Hospital traumatology 3. 4. - 12. 4. 2019</p> <p>UKRAINE / CZ General University Hospital physiotherapy 6. 5. - 24. 5. 2019</p> <p>UKRAINE / CZ Bulovka Hospital physiotherapy 13. 5. - 24. 5. 2019</p> <p>GHANA Bulovka Hospital, Královské Vinohrady University Hospital Olomouc University Hospital 20. 5. - 24. 5. 2019</p> <p>BURKINA FASO Light for the World 8. 7. 2019</p> <p>MOROCCO Bulovka Hospital Motol University Hospital 17. 7. - 19. 7. 2019</p>
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<p>MAURITANIA The Lutheran World Federation 26. 8. 2019</p> <p>JORDAN Bulovka Hospital Královské Vinohrady University Hospital plastic and reconstructive surgery 4. 9. - 14. 9. 2019</p> <p>UKRAINE Bulovka Hospital General University Hospital physiotherapy 10. 9. - 13. 9. 2019</p> <p>JORDAN Military University Hospital orthopaedics 11. 9. - 19. 9. 2019</p> <p>ETHIOPIA Hradec Králové University Hospital Military University Hospital Motol University Hospital 23. 9. - 27. 9. 2019</p> <p>SENEGAL Olomouc University Hospital traumatology 21. 10. - 31. 10. 2019</p>	<p>IRAQ Institute for Clinical and Experimental Medicine infectology 21. 10. - 27. 10. 2019</p> <p>JORDAN Hradec Králové University Hospital ophthalmology 29. 10. - 8. 11. 2019</p> <p>JORDAN General University Hospital traumatology 29. 10. - 8. 11. 2019</p> <p>MOROCCO / CZ Bulovka Hospital Královské Vinohrady University Hospital plastic and reconstructive surgery 18. 11. - 29. 11. 2019</p>	<p>SENEGAL Motol University Hospital ENT 20. 11. - 30. 11. 2019</p> <p>SENEGAL Bulovka Hospital gynaecology 1. 12. - 7. 12. 2019</p> <p>ETHIOPIA, MOROCCO / CZ Motol University Hospital paediatric heart surgery 2. 12. - 13. 12. 2019</p> <p>GHANA Bulovka Hospital gynaecology 7. 12. - 14. 12. 2019</p>
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2020

A WORD OF INTRODUCTION

Mgr. Pavla Novotná
 Director of the Department for Asylum and Migration Policy



Dear readers,

the year 2019 has simply flown by, and once again you are reading already the fifth edition of the brochure of the Permanent Medical Humanitarian Programme MEDEVAC. Just as migration flows and the forms of migration are constantly changing, so do the activities of the MEDEVAC Programme and the countries in which this programme operates. 2019 was another highly productive year - new countries were added to our map, we returned to some countries after a gap of several years, and in other countries we continued in the successful missions and training from the previous years. However, the essence of the programme remains the same - to continue helping where it is necessary. You can read about all of this in detail on the following pages.

I should like to use the front page to express my thanks. I am convinced that the success of the entire programme is primarily ensured by the people who participate in its implementation: the foreign hospitals, doctors and nurses, the partner organisations, embassies and consulates, and other involved ministries. Appreciations are due in particular for the Czech medical teams and hospitals thanks to which we can help abroad. Without their experience and most of all their willingness and hard work, the programme would not be half as successful as it currently is. The MEDEVAC Programme is first and foremost about people. And that is why this brochure shall be dedicated to them.

Mgr. Pavla Novotná

OVERALL STATISTICS OF THE PROGRAMME 1993 - 2019



3487

patients operated



21

countries in which the programme has been implemented



356

persons trained



14

projects to reinforce health infrastructure



227

medical humanitarian evacuations



10

medical specialisations



102

medical teams deployed abroad



8

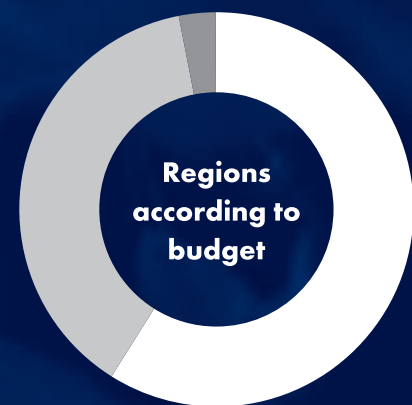
participating Czech hospitals

Government medical humanitarian programme implemented since 1993

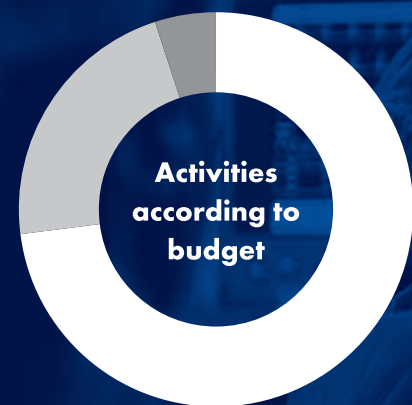
The aim of the programme is to provide healthcare for the vulnerable part of the population in source or transit migration countries. The programme has a fixed budget of CZK 60 million (EUR 2.4 mil).



MEDEVAC FIGURES FOR 2019



Middle East	59%
Africa	38%
Ukraine	3%



Missions	73%
Donations	22%
Trainings	5%



Missions	64%
Training	23%
Reconnaissance	14%

Programme aims implemented via four activities

- › Deployment of Czech medical teams abroad
- › Specialist internships and trainings for foreign medical staff
- › Support for projects to reinforce health infrastructure
- › Medical humanitarian evacuations for treatment in the Czech Republic

21 medical teams deployed abroad

with the participation of 8 Czech hospitals (Bulovka Hospital, General University Hospital, Hradec Králové University Hospital, Institute for Clinical and Experimental Medicine, Královské Vinohrady University Hospital, Military University Hospital, Motol University Hospital, Olomouc University Hospital)

208 non-invasive interventions

6 training sessions

for foreign staff in Ethiopia, Iraq, Jordan and Ukraine (total of 177 participants) in the area of ergotherapy & physiotherapy, medical technology and traumatology

1 pre-selection mission and 3 reconnaissance missions

for the purposes of preparing MEDEVAC Programme future missions in the given country (Ethiopia, Ghana, Lebanon, Morocco)

participation of the MEDEVAC Programme at **European Development Days** in Brussels and **Europe Days** in Prague

774 operations carried out abroad

ENT, gynaecology, ophthalmology, orthopaedics, paediatric heart surgery, plastic and reconstructive surgery and traumatology

more than 1000 expert examinations with diagnostics

4 specialist internships and trainings for medical staff

in the area of orthopaedics, paediatric heart surgery, physiotherapy, and plastic surgery in Czech hospitals for a total of 15 professionals (Ethiopia, Morocco, Ukraine)

2 health projects supported

for renovation of health centres, provision of hospital equipment and training of medical staff in Burkina Faso and Mauritania of total budget of CZK 10 million (EUR 400 000) (Light for the World, Lutheran World Federation)

8x Flying Doctors exhibition

7x Flying Doctors exhibition in the Czech Republic, 1x abroad (New York)

RECONNAISSANCE MISSIONS

In connection with the activities of the programme we often mention reconnaissance missions, which are important for the implementation of future missions. What are they exactly, how does such a mission work, what needs to be arranged, and how did the reconnaissance missions go in 2019? You can learn all about this in the following article.



Reconnaissance mission, Morocco © Mol CR

Before sending a complete medical team to a country, either in order to carry out missions themselves or for training purposes, we need to find suitable partners in the country (hospitals, organisations), and most importantly, we must find out whether there is any demand for this given specialisation in the given country and whether the deployment of a Czech medical team would thus significantly help local healthcare. For this reason we must first contact the Czech embassy or consulate, which has a better knowledge of the local figures and situation in the given country and which helps us identify suitable specialisations and hospitals where the implementation of a mission would have the greatest added value. In connection with this we contact the heads of the individual teams from our partner hospitals in the Czech Republic, and they then nominate one person on behalf of their specialisation who travels to the given country with us, the programme coordinators, in order to evaluate the healthcare situation in the country. Usually we take one doctor for each specialisation as every specialisation is specific and requires different operating theatre equipment for its work. This means that a hospital, which fulfils the requirements for one specialisation, will not necessarily fulfil it for another one. As soon as we find a suitable

date that suits all parties, the actual implementation of the trip begins. Although reconnaissance missions are shorter than the actual missions, they are all the more intense. They generally last around 4 working days, but the selected doctors often visit several hospitals in various cities around the country. And because the countries in which we organise missions are usually far larger than the Czech Republic, it often involves long journeys or even flights with local airlines. In addition to visits to hospitals, the doctors meet non-governmental organisations operating in the country that often participate in identifying suitable patients. On the way back, at the airport or in the plane, we discuss which hospital is the most suitable and which specialisation will have the greatest added value in the country.

In 2019 there were a total of 3 reconnaissance missions - to Ethiopia, Ghana and Morocco. Here you can find summaries of 2 of them - from Ghana, where we are starting new cooperation, and from Morocco, where we are returning after a gap of several years.

GHANA

The first reconnaissance mission to the Republic of Ghana took place at the end of May. It involved representatives of selected specialisations which the Czech embassy in Accra had identified as imperative: plastic and reconstructive surgery from the Královské Vinohrady University Hospital, traumatology from the Olomouc University Hospital, and gynaecology and infectology from the Bulovka Hospital. Over four days the team of doctors visited three hospitals, naturally each in a different city. Along a hospital in the actual capital they also visited a hospital in Cape Coast, a 3.5-hour drive from Accra, and a hospital in the town of Tamale in the north of the country, where they had to travel by plane. They also attended a meeting with UNHCR representatives about the possibility of treating refugees from neighbouring countries, Burkina Faso and Togo. The reconnaissance was successful and was immediately followed up by the first medical mission focussing on oncogynaecology in December. You can read more about this mission in an interview with Prof. Michal Zikán, M.D., Ph.D. from the Bulovka Hospital.



Reconnaissance mission, Ghana © Mol CR



Reconnaissance mission, Morocco © Mol CR

MOROCCO

Another reconnaissance mission in 2019 was to Morocco, where we decided to return with the programme after a few years. Once again, it was highly intense - over 3 days we visited 3 hospitals in 3 cities, Casablanca, Marrakesh and Rabat. We got a taste for the number 3 because 3 medical specialisations with extensive experience in the programme participated in the trip - orthopaedics and plastic surgery from the Bulovka Hospital and paediatric heart surgery from the Motol University Hospital. The Children's Heart Centre of the Motol University Hospital had already worked in Morocco in the past, where it had cooperated with the hospital in Fez. Now the aim was to expand the actual medical mission mainly to include training of local medical staff and, moreover, to provide help for refugees in the country. In spite of the fact that there was very little time, the participants of the mission accepted the invitation of the representatives from the Moroccan Ministry of Health, with whom they discussed future cooperation. As is generally the case, each specialisation chose a different hospital. But first we welcomed doctors from the Marrakesh hospital CHU Mohammed VI for traineeships in the area of plastic surgery and gynaecology in Prague, which you can read about later in the brochure. The actual missions to Morocco are planned for 2020.



Traumatology, General University Hospital, Jordan © Mol CR



Ortopaedics, Military University Hospital, Jordan © Mol CR



Padiatric heart surgery - reconnaissance mission, Motol UH, Ethiopia © Mol CR



Ophtalmology, General University Hospital, Lebanon © Mol CR (Photo: Adam Hřibal)



ENT, Motol University Hospital, Senegal © Mol CR



Gynaecology, Bulovka Hospital, Ghana © Mol CR, Photo: Adam Hřibal



NEW FACES OPHTHALMOLOGY - GENERAL UNIVERSITY HOSPITAL

Petr Sklenka, M.D.

Specialist in the area of ophthalmology, Ophthalmic clinic, First Faculty of Medicine, Charles University and General University Hospital in Prague



Ophthalmology, General University Hospital, Lebanon © Mol CR (Photo: Adam Hříbal)

Ophthalmology, General University Hospital, Lebanon © Mol CR (Photo: Adam Hříbal)

Spring 2019 saw the first ever mission of the MEDEVAC Programme in Lebanon. In proportion to its population, this small Middle Eastern country is hosting the largest number of refugees in the world. Out of a total of 6.8 million inhabitants, approximately 1.5 million are Syrian refugees who have fled the conflict in their own country; in addition, Lebanon is hosting more than 200 thousand Palestinian refugees and approximately 18,500 refugees from Iraq, Sudan, Ethiopia and other countries. Inevitably, this situation poses a great burden for the local infrastructure, including healthcare. Given that healthcare is very expensive in Lebanon, the aim of the MEDEVAC Programme during the mission was to provide care to the most vulnerable part of the population - Syrian refugees and poor Lebanese.

You can find out more about this mission in an interview with Petr Sklenka, M.D. from the General University Hospital in Prague.

Your first mission with the MEDEVAC Programme was to a new destination, Lebanon. What were your expectations before the mission?

I had participated in the reconnaissance mission and pre-selection of patients, so fortunately the environment was not wholly unfamiliar to me. Nevertheless, even the best preparation cannot guarantee that everything will run smoothly during the actual mission. So I have to admit that I indeed was a little nervous. In addition to helping those who need it the most, I saw the mission also as a chance to step

outside my comfort zone and learn about the life of refugees and locals other than from the media.

Was it difficult to get used to the different conditions in the operating theatre? What obstacles did you face during operations?

Ophthalmic microsurgery is a specific discipline, and the successful outcome of an operation requires the right coordination of many factors. From many aspects the instruments, equipment and actual working processes in the operating theatre in Beirut differed from

ours. We fine-tuned everything as we went along, and so I am grateful that in the team I had the nurse Renata Altmannová, who I could rely on. We operate under local anaesthetic - the patient is fully conscious. Fear complicates our work, and communication with the patient is fundamental. However, Syrian refugees mostly do not speak English, and from this respect communication with them via an interpreter is very clumsy. Gesticulation and a smile helped me. And I also learnt a few words in Arabic. At least the patients had a laugh at the way I spoke, and that perhaps lifted their spirits.

„I saw the mission also as a chance to learn about the life of refugees and locals other than from the media.“

Do the cataracts that you operated in Lebanon differ from cases in the Czech Republic?

In the Czech Republic there really is a high standard of care, but even in our country you come across advanced cases. So the difference was more in the ratio of serious cases to the, let's say, "standard" ones. We also came across a higher number of patients with other

untreated diseases that ruled out the performance of cataract operations, such as untreated advanced diabetic retinopathy. But these are problems that we find in other patients with limited access to healthcare.

Do you have any specific memories when you look back on the Lebanon mission?

I really do have many memories. The stories of various patients - the totally blind lady from the slum where her family had left her, the jolly old man who told me how he rode a motorbike even though he could hardly see his fingers, or the old woman who for the entire operation prayed aloud for me... I also recall the helpful attitude and enthusiasm of the local doctors and nurses, people from the local charity organisation, and efforts and support of workers from MEDEVAC and the embassy in Beirut - the mission would have not been possible without the cooperation of all these people.

Can we count on your participation in the future?

Yes :-)



Ophthalmology, Military University Hospital, Jordan © Mol CR



Traumatology, Olomouc University Hospital, Jordan © Mol CR



Pediatric Orthopaedics, Bulovka Hospital, Jordan © Mol CR



Medical Technology training, Ethiopia © Mol CR



Physiotherapy - training in CZ, General University Hospital, Ukraine © Mol CR (Photo: Adam Hřbal)



Gynaecology, Bulovka Hospital, Ghana © Mol CR (Photo: Adam Hřbal)

SPECIALISATION IN DETAIL

GYNAECOLOGY

Prof. Michal Zikán, M.D., Ph.D. Head of the gynaecology-obstetrics clinic, Bulovka Hospital



Gynaecology, Bulovka Hospital, Ghana © Mol CR (Photo: Adam Hříbal)

Gynaecological oncology (or oncogynaecology) is a sub-specialisation focusing on treatment of cancer of the female reproductive system - such as cancer of the cervix, ovaries or breasts. Most of the cases operated on by the medical team from the Bulovka Hospital in Ghana and Senegal were patients with often highly advanced stages of carcinoma.

You can read more about the gynaecology missions in an interview with, Prof. Michal Zikán, M.D., Ph.D., head of the Gynaecology-Obstetrics clinic of the Bulovka Hospital.

When did you learn about the programme and why did you decide to participate in the mission of the MEDEVAC Programme?

The Bulovka Hospital is a kind of a traditional MEDEVAC hospital. Colleagues from orthopaedics, plastic surgery and other specialisations go on missions. I already knew MEDEVAC from the time when I worked at the General University Hospital, where there have been some surgeons involved in the programme. When I took up a senior position at the gynaecology-obstetrics clinic of the First Medical Faculty of the Charles University and the Bulovka Hospital, I was also offered the opportunity to continue in the gynaecology mission in Senegal, which was just starting up, and mainly to perform reconnaissance of hospitals in Ghana and commence regular activity in this West African country. I viewed it as a professional and human challenge, and as I knew MEDEVAC to be a meaningful and viable programme, I didn't have to think twice.

Would you say that your experience with operations in Africa has enriched you in some way?

Definitely. It's a great human experience to discover that not only is medicine the same everywhere, but more importantly so are people, their perception, understanding and family relations. For example when we spoke to a patient and her daughter, it was just the same - the same fears, same questions, same outlook - as in our country, and that's a really pleasant, reassuring finding, that in spite of external differences we are all the same. In terms of medicine, a mission is a challenge because we have to carefully select those patients who we can help the most. It is important not only to perform an operation, but also to ensure the possibility and adequacy of postoperative care. And naturally, we operate with significantly less comfort and a less experienced team than at home.

What cases did you most often come across on missions? Are cases in Africa different from Czech ones? Did you notice any differences between the individual countries?

As an oncologist I mainly focused on women with malignant tumours of the external and internal genitals, i.e., the vulva, cervix, uterus and ovaries, and women with breast cancer. For the operations we also selected patients who required more demanding operations or repeated operations even for benign diseases. In Africa this is most often myomatosis, i.e., larger or smaller fibroids growing from the uterine wall. This is a common phenomenon in our country, but in Africa it is far more common and the myomas there reach huge sizes that we never see in our country. But human fates are the same. The difference between the two countries where we worked, or between the two hospitals, was significant. In Senegal it is necessary to significantly improve the organisation of the operating theatre's functioning, care for instruments, their distribution and hygiene in operating theatres. On the other hand, you could tell that the doctors were skilful and had experience in gynaecological procedures, although they would not risk performing more extensive procedures. In Ghana we were lucky to have an extremely well organised hospital, personnel with a great interest in learning and helping, and excellent equipment. But there was little experience in gynaecological operation techniques. In Tamale in the north of Ghana, where we worked, approximately 80 gynaecological operations are carried out every year. Over five days a pair of us performed almost 50 operations. In contrast, they have 9000 births in the maternity



Gynaecology, Bulovka Hospital, Ghana © Mol CR (Photo: Adam Hříbal)

hospital in Tamale every year, whereas in our country the largest maternity hospital has around 5000.

„Care for a woman may save not only her life, but also the lives of children or other relatives dependent on her.“

Why do you think that this area of medicine is so necessary in Africa?

Because it cares for half the population. In addition, care for a woman may save not only her life, but also the lives of children or other relatives dependent on her. Moreover, in Africa gynaecology does not receive much attention, which is often focused on obstetric projects. As far as I can see it, this is the reason for the low level of experience of gynaecologists and obstetricians with gynaecological operations. But dexterity and experience in techniques can also save lives during birth if there are complications.

What direction would you like to see gynaecological projects in the programme in Ghana and Senegal take in the future? What do you see as the greatest significance from the long-term aspect?

Right now I primarily see two long-term goals that differ for Senegal and Ghana. In Senegal it is necessary to focus on support and education in the organisation of operating theatres and post-operative care, and also focus on the organisation of obstetric care and deal with the weak areas. In Ghana there is very good organisation of work, and it is necessary to focus on education of doctors on site in operating techniques. An educational project for field midwives and associated network of field sites would be highly significant. In view of the enthusiasm and helpful approach of doctors and middle-ranking personnel in Ghana, it could be a success.

Because gynaecology, obstetrics and oncogynaecology are amongst the most crucial areas of healthcare, and not only in Africa, we are planning to expand this area with other teams next year.

PROJECTS TO REINFORCE **HEALTH INFRASTRUCTURE**

Burkina Faso

provision of ophthalmology procedures to persons in need in the Hauts-Bassins region

In cooperation with the international organisation Light for the World, a CZK 5 million (EUR 200 000) project was supported focusing on ensuring access to ophthalmological procedures for socially disadvantaged persons in the Hauts Bassins region in the east of Burkina Faso, one of the poorest countries in the world. Burkina Faso, which means Land of the Just, is part of the Sahel region, which along with Libya constitutes the epicentre of migration flows from Africa to Europe. The armed militias that cross the borders of the individual states destabilise the individual countries in this region. As a result, the local population is forced to leave their homes and migrate to neighbouring countries or on to Europe, primarily out of fear for their own safety, due to non-functioning infrastructure, or due to the unavailability of healthcare. So the primary activity of the project is to provide healthcare, mainly operations for cataracts, which are one of the most common health complications in the region. Other activities consist of the medical equipment and consumables delivery, and the training of local medical staff in the area of diagnostics and ophthalmological care in the Centre Hospitalier Universitaire de Sourô Sanou, which has a catchment area of almost 6 million people.

Mauritania

equipping health centres in Bassikounou and Néma

The second project supported in 2019 was one from The Lutheran World Federation, to which we once again contributed CZK 5 million (EUR 200 000) that went towards equipping health centres in Mauritania. The aim of the project was to ensure medical instruments, basic consumables and electricity supply in two health centres in the towns of Bassikounou and Néma. Both centres have a catchment area of approximately 145 thousand people, including 57 thousand people in the Mbera refugee camp. The Mbera camp is in the south of the country, and due to its position, it is home mainly to refugees from neighbouring Mali fleeing the violence in the region, because in Mali there are frequent conflicts between ethnic militias and likewise between herders and farmers. The newly fitted out health centre provides easier access to healthcare for refugees and therefore reduces the need to migrate further north. One part of the project is training of medical staff in the use of the new equipment and thus an overall improvement in the standard of care in the region. The Czech branch of Diakonie also contributes to the project.





Infectology Training, ICEM, Iraq © Mol CR



ENT, Motol University Hospital, Senegal © Mol CR



Ophthalmology, Military University Hospital, Jordan © Mol CR



Traumatology, General University Hospital, Jordan © Mol CR



Paediatric heart surgery, Motol University Hospital, Jordan © Mol CR



Plastic surgery, Bulovka Hospital and Královské Vinohrady University Hospita, Jordan © Mol CR



MEMBERS OF A MEDICAL TEAM **OPERATING THEATRE TECHNICIAN**

Hana Soprová
Operating department assistant ENT, Motol University Hospital

ENT, Motol University Hospital, Senegal © Mol CR (Photo: Štěpán Löhr)

Although in the context of foreign deployment of teams we usually talk about the doctors who visit affected areas with the MEDEVAC Programme, operating room technicians, also known as operating department assistants, are likewise an integral part of the team. They are mainly in charge of all the instruments and materials that the doctors need during operations and their availability and sterility, and they also assist surgeons during the actual operation. For this reason they are included in most of the teams on foreign missions, because there is no greater help for a surgeon than the knowledge that he or she has the support of a person who knows exactly when and which instrument to prepare and who, last but not least, speaks Czech.

One such team member is an operating room technician Hana Soprová from the Motol University Hospital, who regularly visits Senegal on ENT medical missions. In this interview you can find out what she has experienced and what she is in charge of before and during a mission.

You have been travelling to Senegal with an ENT team since 2017. What do the preparations for such a mission consist of, and when do you start to prepare? Has it changed since you started going there?

It might come as a surprise to some people, but at the end of the day the actual preparation takes up far more of my time than the entire mission, because I have to get ready myself (for example, getting the mandatory vaccinations), but more importantly I have to prepare the necessary equipment and medical material that the doctors need during operations. I start getting the material together approximately three months in advance, when I and other nurses have to order everything from drapes, gloves, syringes and needles to highly

specialised operating instruments. All of this has to be packed in boxes and handed over to a shipper along with the documentation approximately two months before departure. Around one week before departure I prepare the instruments that will travel with us in the cabin or our aircraft. Preparation does not differ that much from one mission to another, but in contrast with the first mission I now know roughly what and how much material to pack.

How does an actual mission go, what are you in charge of during the mission?

For me the mission starts on the first day, with departure from Prague and checking into our accommodation at the destination.

On the day after arrival we visit the clinic with local doctors, who explain the operating programme to us, and together we discuss the operating procedures and study the medical documentation of all the patients. Because I am in charge of equipment, at that moment I check the material that we have sent and that has been prepared for us from a temporary store. Then in the theatres I prepare the draping and all other necessary material. During a single day we operate on approximately 12 patients in three different theatres, each focusing on a different part (nose, throat, ear). We generally get back to the hotel in the late afternoon, and each of the seven operating days until our departure are similar.

Could you describe your role during the entire operation - from the start to the end? How does the actual operation go for you?

I usually assist as an operating theatre technician during ear operations. My task is to prepare all the material and along with local medical personnel to prepare the patient too (checking identity, the correct position so that the part to be operated on is accessible with ease). Then I go to scrub up, put on sterile clothing and prepare the



ENT, Motol University Hospital, Senegal © Mol CR (Photo: Štěpán Löhr)

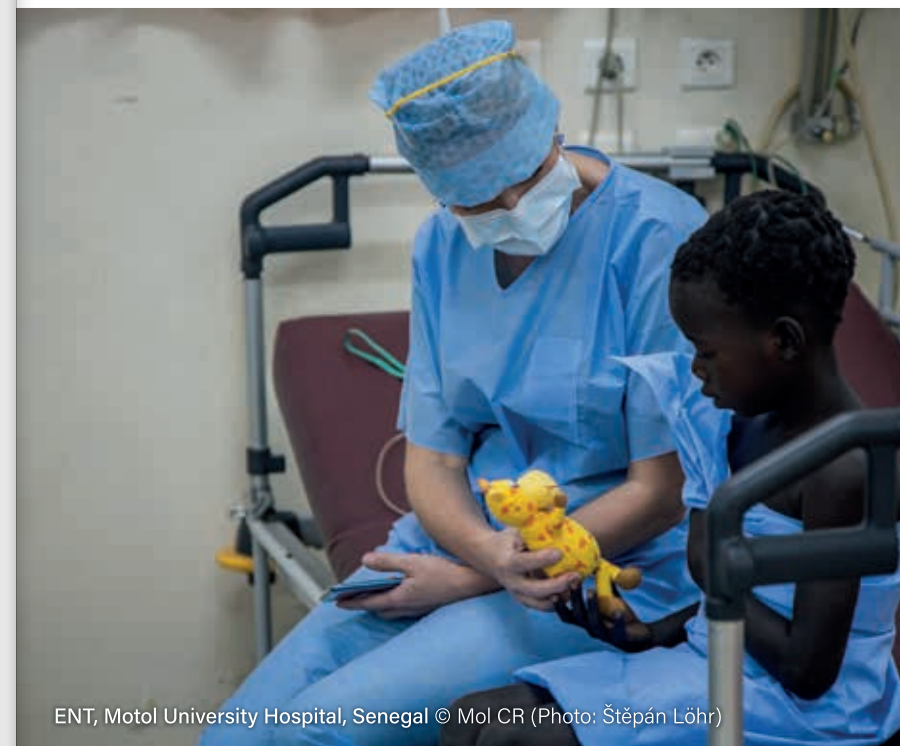
trolley with instruments and drying. Along with the other personnel I disinfect and drape the operation area. One specific feature for ear operations is that the surgeon views the wound through a so-called speculum for the duration of the operation. So my work mainly consists of precisely and safely putting the right instruments directly into the surgeon's hand, so I have to monitor the entire operation constantly. After the operation I clean the wound with a disinfectant and bandage it. Finally I sterilise the instruments used and get them ready for the next operation.

„Participation in the mission is for me both, a massive personal challenge, but also an honour.“

Naturally, one integral part of a mission is communication with the local medical personnel. Have you noticed any special cultural habits over the years?

For me one peculiar feature is that for the entire stay in hospital the patient's family is in the hospital complex and looks after them, including meals. This does not happen in the Czech environment.

In conclusion I would like to thank Prof. Plzák, M.D., Ph.D., for selecting me for his team and also all of those who participate in the missions of the MEDEVAC Programme in Senegal. For me it is both a massive personal challenge, because the conditions for work are sometimes quite demanding, but it is also an honour to work with such a great team.



ENT, Motol University Hospital, Senegal © Mol CR (Photo: Štěpán Löhr)



TRAINING SESSIONS IN THE CZECH REPUBLIC

One of the programme activities is training of foreign medical staff, abroad or in the Czech Republic.



Plastic surgery - Morocco, Královské Vinohrady University Hospital © Mol CR (Photo: Adam Hříbal)

From the aspect of long-term development of healthcare in the countries where the MEDEVAC Programme operates, the training of local medical staff is absolutely crucial. The local medical staff can often learn much during the actual missions, which is even more important so that they can care for the patients after we leave. In 2019 there were five training sessions abroad (in Ethiopia, Jordan and Ukraine) and four specialist internships in Czech hospitals.

In the spring medical staff in the area of ergotherapy and physiotherapy arrived from the Kiev District Hospital in Ukraine, with which the MEDEVAC Programme cooperates for a long time, with a view to not only improve their expertise but also to learn important principles of teamwork amongst doctors, nurses and physiotherapists. And for the first time there were also traineeships for university lecturers from Ukraine in the field of physiotherapy and ergotherapy. The aim of the traineeship was to improve the professional knowledge of the lecturers so that they could pass on Czech findings and newly acquired experience to the next generation of Ukrainian medical staff and over the long term improve the quality of teaching in this field.

In the second half of November three Moroccan surgeons who we had met during the summer reconnaissance mission to the CHU Mohammed VI Hospital in Marrakesh visited Prague. During their two-week stay the doctors visited the Královské Vinohrady University Hospital and the Bulovka Hospital, where they were familiarised with operating procedures and treatment methods in the Czech Republic, with an emphasis on maxillofacial surgery, breast reconstruction after mastectomy and oncogynaecology.

At the start of December we welcomed other foreign trainees to Prague, this time doctors from Ethiopia. At the Children's Heart Centre in the Motol University Hospital they learned not only how the site is run, but mainly they learned the method for treating heart diseases in the youngest patients in the Czech Republic. Later they were joined by a heart surgeon from the Moroccan city of Rabat, for whom the traineeship served as an inspiration to develop a similar specialised department in Morocco.



Paediatric Heart Surgery - Ethiopia, Motol University Hospital © Mol CR (Photo: Adam Hříbal)

MEDEVAC czech
Dec 2, 2019 at 16:25 · 🌐

🇲🇦 During the weekend the two-week training session of the Moroccan doctors had ended. 🇨🇪 Throughout their stay, the experts in plastic and reconstructive surgery visited both specialised workplaces in the **Královské Vinohrady University Hospital** and the **Bulovka Hospital**, where they had a chance to watch the local personnel's work, 😊 their day-to-day routine and surgical interventions, which are commonly operated in the Czech Republic. 🇨🇪

Heads of both workplaces - prof. Sukop and Dr. Molitor 👤, took the Moroccan experts to their private clinics in order to give them a comprehensive picture of Czech healthcare. 🇨🇪

We are also thankful to Dr. Zikán, head of the gynecological and obstetric clinic in the Bulovka Hospital, who hosted a specialist in gynaecological oncology. 🇨🇪

The training session was a success and we are already excited about our spring mission to Marrakech. 🇲🇦 Many thanks to all who participated!



👍 13 2 Shares

MEDEVAC czech
Mar 21, 2019 at 16:10 · 🌐

🇲🇦 MEDEVAC in Lebanon 🇱🇧

It is never easy to begin cooperation in a new hospital. The doctors find themselves in a new environment, they work with different tools and equipment, they need to get used to new co-workers..However, thanks to excellent co-operation with Lebanese **Rafik Hariri University Hospital**, our medical team from the **General University Hospital** is able to perform one surgery after another.



👍 26 3 Shares

MEDEVAC czech
Sep 6, 2019 at 14:42 · 🌐

🇮🇰 Autumn is here and it means that we are sending medical teams abroad again.

The first specialization launching the autumn season is plastic and reconstructive surgery, a joint mission of **Královské Vinohrady University Hospital** and **Bulovka Hospital** in Jordan. 🇮🇰

MEDEVAC czech
Apr 1, 2019 at 11:34 · 🌐

The spring season in MEDEVAC is traditionally filled with missions, and this spring is no different. Last week the team of traumatologists from the **General University Hospital** had flown to Senegal, and since Saturday, the team of docent Pašta from the **Military University Hospital** has been operating in Jordan. Next week he will be joined by the team of child cardiac surgeons from the **Motol University Hospital** and by the team of traumatologists from the **Olomouc University Hospital**. We will keep you posted! 😊



MEDEVAC czech
JORDÁNSKO

👍 16 1 Share

MEDEVAC czech added 5 new photos.
Jul 18, 2019 at 18:09 · 🌐

🇲🇦 MEDEVAC teams live from the ongoing reconnaissance mission in Morocco:

"Hello from Morocco, where we are trying to find suitable hospitals for future medical missions of the MEDEVAC Programme. During 3 days, we will visit 3 hospitals in 3 cities - public hospitals in Rabat, Marrakech and Casablanca.

We have got to like the number 3, because the reconnaissance trip is attended by 3 medical teams, all of which have many experiences with missions abroad. Orthopaedist prof. Chomiak and plastic surgeon Dr Molitor, both from the **Bulovka Hospital**, regularly attend missions in Jordan. **Motol University Hospital's** Children's Heart Centre is represented by Dr Kubuš. This department has operated in Morocco in the past, in co-operation with a hospital in Fez.

Apart from helping the Moroccans and local healthcare, the Programme will now also focus on providing care to refugees, who are currently in the country."



👍 30 2 Shares

MEDEVAC czech
May 7, 2019 at 08:41 · 🌐

Today, the **General University Hospital** welcomed trainees from Ukraine. Five lecturers from universities in Kyiv, Lviv, Ternopil and Lutsk came... See more




MEDEVAC czech

👍 36 3 Shares

MEDEVAC czech
Jun 21, 2019 at 10:49 · 🌐

During our April mission, which was attended by 3 different medical teams, we were visited by reporters from the Czech Television. The news story, which included an interview with the **Military University Hospital's** doc. Pašta or Dr Klein from the **Motol University Hospital**, was broadcasted in the Czech Television's News this week. In case you missed it, you can watch it now at **ČT24** website.



CT24.CESKATELEVIZE.CZ
Čeští lékaři pomáhají v Jordánsku. Co je pro jejich pacienty doma běžné, syrští uprchlíci ...

👍 22 6 Shares

MEDEVAC czech
Apr 4, 2019 at 11:15 · 🌐

Mission Senegal 🇸🇳

Victims of serious traffic accidents, who wait for their operation even for months. Patients with bones inflammation and false joints. We have met even patients, who went through several unsuccessful treatments.

The traumatology team from the **General University Hospital** assumed this difficult task and does their best so that the victims of traffic accidents in Senegalese Thiés can get back on their feet.



👍 57 14 Comments · 3 Shares